




DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION REQUIRING AUTHORIZATION	POLICY NO. 500.01	EFFECTIVE DATE 12/15/2003	PAGE 1 of 10
APPROVED BY:  Director	SUPERSEDES 500.1 12/15/2003	ORIGINAL ISSUE DATE 04/14/2003	DISTRIBUTION LEVEL(S) 1

PURPOSE

- 1.1 To establish a policy and procedure applicable to all Los Angeles County Department of Mental Health (LACDMH) facilities, programs and workforce members regarding the use and disclosure of Protected Health Information (PHI) and necessary authorization under the HIPAA Privacy Rule for such use and disclosure, when the use or disclosure is for purposes outside of those permitted relating to treatment, payment of mental health care operations, or under other provisions of the HIPAA Privacy Rule.

DEFINITION

- 2.1 **“Disclosure”** means the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.
- 2.2 **“Marketing”** means to make a communication about a product of service a purpose of which is to encourage recipients of the communication to purchase or use the product or service. Marketing excludes a communication made to an individual:
- 2.2.1 To describe the entities participating in a mental health care provider network or health plan network, or to describe if, and the extent to which, a product or services (or payment for such product or service) is provided by a covered entity or included in a plan for benefits;
- 2.2.2 For treatment of that individual; or
- 2.2.3 For case management or care coordination for that individual, or to direct or recommend alternative treatments, therapies, health care providers, or setting of care to that individual.



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION REQUIRING AUTHORIZATION	500.01	12/15/2003	2 of 10

- 2.3 **“Protected Health Information”** (PHI) means individually identifiable information relating to the past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual.
- 2.4 **“Use”** means, with respect to PHI, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

POLICY

- 3.1 It is the policy of LACDMH to obtain an individual’s written authorization before using or disclosing PHI for purposes other than treatment, payment or mental health care operations, except as permitted by the HIPAA Privacy Rule. Use and disclosure of an individual’s PHI will be consistent with the valid authorization obtained from that patient.

PROCEDURE

- 4.1 The language of the authorization shall be in the form as provided in the **LACDMH Authorization for Use or Disclosure of Protected Health Information Form**. (Attachment 1)
- 4.2 **Required Elements**: To be valid, an authorization must contain the elements listed below:
- 4.2.1 **Description of PHI**: A specific, meaningful description of the PHI to be used or disclosed;
 - 4.2.2 **Identity of Disclosing Party**: The name or other specific identification of the person(s) or class of persons authorized to disclose the PHI;
 - 4.2.3 **Identity of Recipient**: The name or other specific identification of the person(s) or class of persons authorized to use or otherwise receive the PHI, if any;



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION REQUIRING AUTHORIZATION	500.01	12/15/2003	3 of 10

- 4.2.4 Purpose of Use or Disclosure: A description of each purpose of the requested use of disclosure, including limitation on the recipient's use of the PHI, if any;
- 4.2.4.1 The statement "at my request" by the patient is a sufficient description for an authorization initiated by the patient.
- 4.2.5 Expiration Date: The end date for the permission granted by the authorization, which must be a specific date or event after which LACDMH is no longer authorized to disclose the PHI.
- 4.2.5.1 An authorization for use and disclosure of PHI for research purposes, including for the creation or maintenance of a research database, the patient should select a date far enough in the future to cover the probable end of the research. For the research database, the patient should select a date such as January 1, 2099, that is far enough in the future to make clear his/her intent to make the authorization indefinite.
- 4.2.6 Statement of Right to Revoke: The authorization must include a statement that the individual has a right to revoke the authorization. The statement must also explain how revocation is accomplished, including that it must be in writing, and tell the individual about exceptions applicable to the revocation. These exceptions are listed below in "Implementation of Revocation".
- 4.2.7 Signature: Signature of the individual and date of signature. An authorization signed by a personal representative of the individual must include a description of the personal representative's authority to act for the individual.
- 4.2.8 Authorization as a Condition: The authorization must state that LACDMH cannot condition treatment, payment, enrollment in the health plan, or eligibility for benefits on obtaining a signed authorization, except:



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION REQUIRING AUTHORIZATION	500.01	12/15/2003	4 of 10

4.2.8.1 LACDMH may condition the provision of research-related treatment on obtaining an authorization for use and disclosure of PHI for research.

4.2.9 Redisclosure: The authorization must state that the PHI disclosed to others may not be further used or disclosed by the recipient unless a new authorization is signed by the individual, or such use or disclosure is specifically required or permitted by law.

4.2.10 Copy: The authorization must state that an individual signing the authorization has the right to receive a copy of it.

4.2.11 Font Size: The authorization form must be printed in a least 14 point font.

4.3 LACDMH shall provide the Authorization Form upon a patient's request or in conjunction with any authorization initiated by LACDMH for the disclosure of PHI.

4.4 If the patient initiates the authorization, LACDMH shall establish the identity of the requestor in accordance with the Verification of Identity and Authority Policy and Procedure.

4.5 LACDMH shall explain the authorization language to the patient or personal representative, and obtain signature on the Authorization Form.

4.6 LACDMH shall ensure that all required elements listed in Section 4.2 above are completed.

4.7 LACDMH shall provide the patient or personal representative a copy of the signed Authorization Form.

4.8 Compound Authorizations: A HIPAA authorization applies only to the use and disclosure of PHI and may be combined with another type of written permission only as follows:



**LAC
DMH**
LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH

DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION REQUIRING AUTHORIZATION	500.01	12/15/2003	5 of 10

- 4.8.1 An authorization for use and disclosure of PHI for a research study may be combined with any other written permission for the same research study, such as the patient consent to participate in the research study, so long as the HIPAA authorization portion is clearly separate from any other language present on the same page and is executed by a signature for the sole purpose of executing the authorization.
- 4.9 Defective Authorizations: An authorization is not valid, or is no longer valid, and may not be relied upon to use or disclose PHI, if:
- 4.9.1 The expiration date has passed;
 - 4.9.2 Any required element for a valid authorization is missing;
 - 4.9.3 LACDMH has received written revocation of the authorization;
 - 4.9.4 LACDMH knows that important information in the authorization is false;
 - 4.9.5 The authorization violates restrictions on compound authorizations as set forth in Section 4.8.
- 4.10 Conditions: LACDMH may not condition the individual's treatment upon obtaining an authorization except:
- 4.10.1 LACDMH may condition research-related treatment on provision of a HIPAA authorization for use or disclosure of PHI.
 - 4.10.2 LACDMH may not condition the provision of mental health care on obtaining an authorization even if the only purpose of providing the mental health care is to create PHI for disclosure to a third party (e.g., fitness for duty, school or summer camp physical, pre-employment examinations.)
 - 4.10.2.1 LACDMH will disclose the PHI directly to the patient, unless LACDMH receives a signed HIPAA authorization from the patient for the disclosure to the third party.



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION REQUIRING AUTHORIZATION	500.01	12/15/2003	6 of 10

4.11 Authorization for Marketing:

4.11.1 LACDMH must obtain an Authorization for any use or disclosure of PHI for marketing, except if the marketing communication is in the form of:

4.11.1.1 Face-to-face communications to the patient by LACDMH; or

4.11.1.2 A gift to the patient from LACDMH of nominal value, e.g., a pen with a LACDMH logo.

4.11.2 If the marketing involves direct or indirect remuneration to LACDMH from a third party, the Authorization must state that such remuneration is involved.

4.12 Implementation of Revocation:

4.12.1 A patient may revoke or modify his or her authorization in writing.

4.12.2 A modification or revocation is valid, except to the extent LACDMH has taken action in reliance on such Authorization.

4.12.3 The individual may use the Revocation or Authorization at the bottom of the Authorization Form or write their own revocation.

4.13 Use and Disclosure of HIV Test Results: Except as specifically set forth below, HIV test results, whether positive or negative, or even the fact that an HIV test was ordered, may be disclosed only pursuant to a valid, written authorization.

4.13.1 Use and Disclosure of HIV Test Results Pursuant to a Written Authorization: To be valid, an authorization for use or disclosure of a HIV test result must be signed by the same individual who validly signed the consent for the HIV test and who is one of the following:

4.13.1.1 An adult with medical decision-making capacity;



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION REQUIRING AUTHORIZATION	500.01	12/15/2003	7 of 10

4.13.1.2 A minor who is 12 years of age or older and mature enough to give effective informed consent to an HIV test;

4.13.1.3 A parent or legal guardian for a minor under 12 years of age; or

4.13.1.4 A conservator or agent pursuant to a power of attorney for health care.

4.13.2 Requirements for a Written Authorization for Use or Disclosure of HIV Test Results:

4.13.2.1 To be valid, an authorization for use or disclosure of HIV test results must contain all of the elements set forth in Section 4.2 above.

4.13.2.2 Additionally, the authorization must specifically state that it authorizes the use or disclosure of HIV test results and must be signed by a witness.

4.13.2.3 A general authorization for the use or disclosure of medical records is not sufficient to authorize use or disclosure of HIV test results.

4.13.2.4 If only a general authorization for use or disclosure of medical information is received, that does not specifically authorize the use or disclosure of HIV test results, the HIV test results must be redacted from the information that is used or disclosed, if any, and may not be used or disclosed.

4.13.2.5 A separate written authorization must be obtained for each Use or Disclosure of an HIV test result.

4.13.3 Exceptions to the Written Authorization Requirement: HIV test results may, but are not required to, be disclosed to the following persons without the written authorization of the test subject.



**LAC
DMH**
LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH

DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION REQUIRING AUTHORIZATION	500.01	12/15/2003	8 of 10

- 4.13.3.1 The subject of the test or the subject's legal representative, conservator, or to any person authorized to consent to the test.
- 4.13.3.2 The subject's provider of health care for the purpose of diagnosis, care, or treatment of the patient (but not to a health care service plan);
- 4.13.3.3 An agent or employee of the test subject's provider of health care who provides direct patient care and treatment;
- 4.13.3.4 A provider of health care who procures, processes, distributes, or uses a human body part donated pursuant to the Uniform Anatomical Gift Act, as well as to a procurement organization, a coroner, or a medical examiner in conjunction with such donations;
- 4.13.3.5 The "designated officer" of an emergency response employee, or from that designated officer to an emergency response employee, regarding possible exposure to HIV or AIDS, but only to the extent necessary to comply with the Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (42 U.S.C. § 201).
- 4.13.3.6 In some instances, to a health care worker who has been exposed to the potentially infectious materials of a patient, provided that strict procedures for consent and testing are followed. Legal counsel should be consulted with regard to such disclosures;
- 4.13.3.7 A court pursuant to a court order for disclosure of HIV test results of a defendant to a criminal charge; and
- 4.13.3.8 A county health officer (without identifying the individual believed to be infected).



**LAC
DMH**
LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH

DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION REQUIRING AUTHORIZATION	500.01	12/15/2003	9 of 10

4.13.4 Disclosure to Persons at Risk of Infection: In addition to the foregoing, a patient's physician may, but is not required to, disclose a positive HIV test result to specified individuals under circumstance indicating that such individual may be in danger of HIV infection.

4.13.4.1 The physician may make a disclosure to the following:

4.13.4.1.1 Any person known or believed to be the spouse of the test subject.

4.13.4.1.2 Any person known or believed to be a sexual partner of the test subject; and

4.13.4.1.3 Any person known or believed to have shared hypodermic needles with the test subject.

4.13.4.2 Before disclosing test results under this provision, the physician must do the following:

4.13.4.2.1 Provide appropriate education and psychological counseling for the test subject;

4.13.4.2.2 Inform the test subject of the physician's intent to notify such person; and

4.13.4.2.3 Attempt to obtain voluntary consent from the test subject. If consent cannot be obtained, the results may then be disclosed but only for the purpose of obtaining care, follow-up, and/or treatment for the person(s) to whom disclosure is made and to interrupt the chain of infection.

4.13.4.3 The disclosing physician must refer the person notified for appropriate care, counseling, and follow-up. The physician



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION REQUIRING AUTHORIZATION	500.01	12/15/2003	10 of 10

may not disclose any identifying information about the test subject.

DOCUMENT RETENTION

- 5.1 LACDMH shall document and retain all documents required to be created or completed by this policy.
 - 5.1.1 Signed Authorizations must be retained for at least six (6) years after the date they were last in effect.
 - 5.1.2 Revoked Authorization and revocation documents must be retained for at least six (6) years after the date LACDMH receives revocation documents.

AUTHORITY

- 1. Code of Federal Regulations Part 160 and 164; Section 164.508 "Use and Disclosure for which an Authorization is Required"
- 2. California Civil Code §§ 56.11(b), (g), (h), and (i), § 56.12, § 56.17(g)(8), § 56.245, § 56.31, § 56.37(a)
- 3. California Health and Safety Code § 120980(g)
- 4. California Welfare and Institutions Code §§ 5328(b) and (d)

ATTACHMENT (HYPERLINKED)

- 1. [Authorization for Use or Disclosure of Protected Health Information](#)